

**Form A for Measure A3**  
**Evaluation of Legal Representation of Children**  
**in Child Abuse and Neglect Proceedings**

**Case Data Collection**

Case number: \_\_\_\_\_ Date first action filed: \_\_\_\_\_

Date GAL appointed: \_\_\_\_\_

Date(s) of any GAL reappointment(s): \_\_\_\_\_

Date of disposition hearing: \_\_\_\_\_

Number of hearings before disposition hearing: \_\_\_\_\_

Number of predisposition and disposition hearings GAL attended: \_\_\_\_\_

Number of continuances because GAL not prepared: \_\_\_\_\_

Number of review hearings: \_\_\_\_\_

Number of review hearings GAL attended: \_\_\_\_\_

Reports required to be filed by GAL:	Date due	Date filed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other reports in file:

\_\_\_\_\_ child welfare agency  
\_\_\_\_\_ foster care  
\_\_\_\_\_ educational  
\_\_\_\_\_ medical  
\_\_\_\_\_ mental health  
\_\_\_\_\_ law enforcement  
\_\_\_\_\_ alcohol/drug evaluation

Evidence in file that GAL made recommendations in new cases: Yes \_\_\_\_\_ No \_\_\_\_\_

Evidence in file that GAL made recommendations in review cases: Yes \_\_\_\_\_ No \_\_\_\_\_